

STD PREVENTION PARTNERSHIP FACTLINE

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What Motivates Men to Protect Against STDs?

Reference: Forste R & Morgan J. *How Relationships of U.S. Men Affect Contraceptive Use and Efforts to Prevent Sexually Transmitted Diseases*. Family Planning Perspectives 1998; 30(2):56-62.

BACKGROUND: While most studies of contraceptive use focus on women or on male adolescents, the study by Forste and Morgan examines the contraceptive choices of men aged 20-39 who are married, dating, or cohabitating. In doing so, the authors determine the effects of attitudes and background characteristics on men's contraceptive use to prevent pregnancy and to avoid STDs.

DISCUSSION: About 15% of the men sampled said that they were using contraception to both prevent pregnancy and protect against STDs. The most common method chosen with the goal of avoiding STDs was condom use (79%), followed by sexual monogamy (17%) and douching, spermicides, or other actions (4%). Men for whom ease of use was important when choosing a contraceptive method were less likely to purposely protect against STDs.

Regard for one's partner had the largest effect on men's efforts to protect against STDs. Men who were concerned about their partner's reactions to a contraceptive method and its health and pregnancy risks were four times as likely to make an effort to avoid STDs. Another significant motivation to protect against STDs was the degree of commitment to the relationship. Men who were in less committed dating relationships were more concerned with STDs and were most likely to take steps to protect against them. However, these efforts to protect against STDs waned as a relationship's duration increased.

Attitudes regarding whether contraception is a shared responsibility, or whether it is solely the duty of one partner had a significant effect on men's decisions to protect against STDs. Men who felt that contraception was primarily their responsibility, or a shared one, were more likely to take precautions against STDs than were men who regarded women as being primarily responsible.

Men who participated in risky behaviors made less effort to protect themselves against STDs. Risky behaviors included: (1) ever having had a one-night stand; (2) current use of cigarettes; (3) current use of alcohol at least a few times per week; (4) ever having used street drugs; (5) driving over the speed limit at least half the time; and (6) not wearing a seat belt at least half the time. However, practicing risky behaviors had no effect on efforts to prevent pregnancy.

Factors that had *no* significant effect on the likelihood to protect against STDs included education levels and an older age at first intercourse. Race had no effect on contraceptive use to prevent either pregnancy or STDs, once the number of sex partners was controlled for. In general, mainstream religious affiliation had little or no effect on STD protection.

CONCLUSION: Forste and Morgan's findings indicate that one strategy to prevent STD transmission is to foster awareness and concern in men for their partner's contraceptive concerns. Others include encouraging men to take greater responsibility for contraceptive use, and to participate less in risky behaviors.

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